
State:	Arkansas	Filing Company:	United American Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Retiree Health Plan Rider		
Project Name/Number:	Retiree Health Plan Rider/ARUACDR/ARUMPDR		

Filing at a Glance

Company:	United American Insurance Company
Product Name:	Retiree Health Plan Rider
State:	Arkansas
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Form
Date Submitted:	01/16/2013
SERFF Tr Num:	AMLC-128841283
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	ARUACDR/ARUMPDR
Implementation	On Approval
Date Requested:	
Author(s):	Sandra Grubbs
Reviewer(s):	Donna Lambert (primary), Rosalind Minor
Disposition Date:	01/28/2013
Disposition Status:	Approved
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Retiree Health Plan Rider
Project Name/Number: Retiree Health Plan Rider/ARUACDR/ARUMPDR

Filing Company: United American Insurance Company

General Information

Project Name: Retiree Health Plan Rider
Project Number: ARUACDR/ARUMPDR
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Trust, Other
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed, but no response yet.
Market Type: Group
Group Market Size: Large
Explanation for Other Group Market Type: Unions
Filing Status Changed: 01/28/2013
State Status Changed: 01/28/2013
Created By: Sandra Grubbs
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Sandra Grubbs

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

We intend on using these riders to provide additional package options with Group Insurance Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC, which was approved by your department on 02/12/2010. Compliance with Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit packages are experienced rated and will be fully negotiated with each group.

Company and Contact

Filing Contact Information

Sandra Grubbs, Project Manager
3700 S. Stonebridge Drive
McKinney, TX 75070

sgrubbs@torchmarkcorp.com
972-569-3712 [Phone]
972-569-3728 [FAX]

Filing Company Information

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 a form x 2 forms = \$100.00
Per Company:	No

State:Arkansas

Filing Company:United American Insurance Company

TOI/Sub-TOI:H21 Health - Other/H21.000 Health - Other

Product Name:Retiree Health Plan Rider

Project Name/Number:Retiree Health Plan Rider/ARUACDR/ARUMPDR

Company	Amount	Date Processed	Transaction #
United American Insurance Company	\$100.00	01/16/2013	66613314

SERFF Tracking #:	AMLC-128841283	State Tracking #:		Company Tracking #:	ARUACDR/ARUMPDR
State:	Arkansas	Filing Company:	United American Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Retiree Health Plan Rider				
Project Name/Number:	Retiree Health Plan Rider/ARUACDR/ARUMPDR				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/28/2013	01/28/2013

SERFF Tracking #:	AMLC-128841283	State Tracking #:		Company Tracking #:	ARUACDR/ARUMPDR
State:	Arkansas	Filing Company:	United American Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Retiree Health Plan Rider				
Project Name/Number:	Retiree Health Plan Rider/ARUACDR/ARUMPDR				

Disposition

Disposition Date: 01/28/2013

Implementation Date:

Status: Approved

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Form	Annual Certificate Deductible Rider	Approved	Yes
Form	Group Drug Rider To Supplement Group Medicare Part D	Approved	Yes

State:	Arkansas	Filing Company:	United American Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Retiree Health Plan Rider		
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Form Schedule

Lead Form Number: ARUACDR/ARUMPDR								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 01/28/2013	Annual Certificate Deductible Rider	ARUACDR	CERA	Initial		54.000	ARUACDR.pdf
2	Approved 01/28/2013	Group Drug Rider To Supplement Group Medicare Part D	ARUMPDR	CERA	Initial		68.000	ARUMPDR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

UNITED AMERICAN INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL CERTIFICATE DEDUCTIBLE RIDER

This rider amends and is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in direct conflict with those of this rider. This rider will remain in force while the certificate is in force.

Please keep this rider with Your certificate.

Rider Effective Date: _____
(same as policy or certificate Effective Date shown in the Certificate Schedule if no date is shown here)

ADDITIONAL DEFINITION

Annual Certificate Deductible means the dollar amount of out-of-pocket expenses You are obligated to pay for services that are covered by the certificate to which this rider is attached each [Calendar] Year before We will begin to pay benefits under the certificate. This deductible is in addition to any other specific benefit deductibles. Neither expenses incurred prior to the effective date of Your certificate nor any premium payments will be applied to this deductible.

BENEFIT PROVISION

In consideration of the issuance or the renewal of Your certificate referenced above, it is understood and agreed that except as specified below, We will not pay benefits under the certificate to which this rider is attached until after You incur the Annual Certificate Deductible totaling [\$500] each [Calendar] Year.

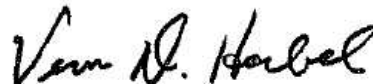
The following benefit(s) are not subject to this Annual Certificate Deductible:

- [None]
- [Medicare Part A Deductible Benefit]
- [Benefits For Skilled Nursing Facility Stays - Medicare Part A]
- [Medicare Part B Deductible Benefit]
- [100% Excess Expense Benefit - Medicare Part B]
- [Emergency Foreign Travel Benefit]

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.



Secretary



President

UNITED AMERICAN INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

GROUP DRUG RIDER TO SUPPLEMENT GROUP MEDICARE PART D

This rider amends and is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in direct conflict with those of this rider. This rider will remain in force while the certificate is in force.

Please keep this rider with Your certificate.

Rider Effective Date: _____
(same as policy or certificate Effective Date shown in the Certificate Schedule if no date is shown here)

ADDITIONAL DEFINITION

ALLOWED DRUG COSTS means the ingredient cost, plus dispensing fee, plus sales tax charged by the pharmacy at the point of sale.

[CALENDAR YEAR] means the period which begins on each January 1ST and ends on the following December 31ST of the same year.]

CATASTROPHIC COVERAGE STAGE means the period each **[CALENDAR or COVERAGE] YEAR** after YOU have reached the TrOOP LIMIT through the end of such **[CALENDAR or COVERAGE] YEAR**.

CMS means Centers for Medicare & Medicaid Services, which is the Federal agency that administers MEDICARE.

COST SHARING means all amounts that YOU are obligated to pay, listed in the Member Cost Sharing Schedule, when a COVERED DRUG is received, before benefits are payable under this certificate. This is in addition to the premium for YOUR Group Medicare Part D Plan and this certificate. Cost Sharing is the total of the following: (1) any deductible amount; (2) any "copayment" amount; and (3) any "coinsurance" amount.

COVERAGE GAP STAGE means the period each **[CALENDAR or COVERAGE] YEAR** after the total of the ALLOWED DRUG COSTS for all COVERED DRUGS exceeds the ICL and before YOU reach the TrOOP LIMIT.

[COVERAGE YEAR] means the period which begins on **[February 1ST]**, continues for the next **[12]** consecutive months, and ends on the following **[January 31ST]** of the **[next]** year.]

COVERED DRUG and COVERED DRUGS means any drug(s), prescribed for YOU by a PHYSICIAN, that is covered by Your United American Group Medicare Part D Plan.

DEDUCTIBLE means the amount YOU are obligated to pay for COVERED DRUGS each **[CALENDAR or COVERAGE] YEAR** before WE will begin to pay a benefit under this certificate.

ICL means Initial Coverage Limit as defined by CMS each year or, if modified, as stated in Your United American Group Medicare Part D Plan.

INITIAL COVERAGE STAGE means the period each [CALENDAR or COVERAGE] YEAR after the total of the ALLOWED DRUG COSTS for all COVERED DRUGS reaches the Deductible, if any, and before the total of the ALLOWED DRUG COSTS for all COVERED DRUGS reaches the ICL.

PHYSICIAN means a person duly licensed in the United States, operating within the scope of such license, and duly qualified to provide the care, treatment, services, or supplies for which the claim is made. Physician does not include YOU or any member of YOUR household or immediate family.

TrOOP LIMIT means the True Out-of-Pocket limit as defined by CMS each year. CMS determines what counts towards the TrOOP limit.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this rider for:

- 1) Any expense which You are not legally obligated to pay.
- 2) Any portion of any expense which is paid by the Federal government.
- 3) Any portion of any expense for which payment is made by Your United American Group Medicare Part D Plan.
- 4) Any amount discounted by the drug manufacturer.
- 5) Any type of expense not eligible for coverage under Your United American Group Medicare Part D Plan.
- 6) Any expense incurred before the Certificate Effective Date or after Your coverage under this Certificate terminates.
- 7) Any drugs dispensed by You or a member of Your household or immediate family.

BENEFITS FOR COVERED DRUGS

We will pay the ALLOWED DRUG COSTS for each COVERED DRUG received by YOU while this rider is in force less the total of (1), (2), and (3) below:

1. the applicable COST SHARING amount(s) listed in the Member Cost Sharing Schedule below; and
2. the amount payable by Your United American Group Medicare Part D Plan; and
3. any amount payable by a drug manufacturer, the federal government (excluding any federal low income claim subsidy), or any other third party whose liability is primary to the Group Medicare Part D Plan.

[UNITED AMERICAN] GROUP MEDICARE PART D PLAN – [Plan Code] MEMBER COST SHARING SCHEDULE

[CALENDAR or COVERAGE] YEAR DEDUCTIBLE]
[\$100]

[INITIAL COVERAGE STAGE COST SHARING]

Retail Pharmacy
[Tier 1 label Preferred Generic]

[Tier 2 label Non-Preferred Generic]

- [\$5 copay for a one-month (34-day) supply of drugs in this tier]
- [\$10 copay for a three-month (90-day) supply of drugs in this tier]
- [\$9 copay for a one-month (34-day) supply of drugs in this tier]
- [\$25 copay for a three-month (90-day) supply of drugs in this tier]

[Tier 3 label Preferred Brand]	- [\$38 copay for a one-month (34-day) supply of drugs in this tier]
[Tier 4 label Non-Preferred Brand]	- [\$95 copay for a three-month (90-day) supply of drugs in this tier]
	- [\$76 copay for a one-month (34-day) supply of drugs in this tier]
[Tier 5 label Specialty]	- [\$190 copay for a three-month (90-day) supply of drugs in this tier]
	- [33% coinsurance for a one-month (34-day) supply of drugs in this tier]
	- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]
Mail Order	- [\$10 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 1 label Preferred Generic]	
[Tier 2 label Non-Preferred Generic]	- [\$23 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 3 label Preferred Brand]	- [\$76 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 4 label Non-Preferred Brand]	- [\$152 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 5 label Specialty]	- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]

[GAP STAGE COST SHARING]

Retail Pharmacy	- [\$5 copay for a one-month (34-day) supply of drugs in this tier]
[Tier 1 label Preferred Generic]	- [\$10 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 2 label Non-Preferred Generic]	- [\$9 copay for a one-month (34-day) supply of drugs in this tier]
	- [\$25 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 3 label Preferred Brand]	- [\$38 copay for a one-month (34-day) supply of drugs in this tier]
	- [\$95 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 4 label Non-Preferred Brand]	- [\$76 copay for a one-month (34-day) supply of drugs in this tier]
	- [\$190 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 5 label Specialty]	- [33% coinsurance for a one-month (34-day) supply of drugs in this tier]
	- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]
Mail Order	- [\$10 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 1 label Preferred Generic]	
[Tier 2 label Non-Preferred Generic]	- [\$23 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 3 label Preferred Brand]	- [\$76 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 4 label Non-Preferred Brand]	- [\$152 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 5 label Specialty]	- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]

[CATASTROPHIC STAGE COST SHARING]

Retail Pharmacy

[Tier 1 label Preferred Generic]

- [\$5 copay for a one-month (34-day) supply of drugs in this tier]

[Tier 2 label Non-Preferred Generic]

- [\$10 copay for a three-month (90-day) supply of drugs in this tier]

[Tier 3 label Preferred Brand]

- [\$9 copay for a one-month (34-day) supply of drugs in this tier]

[Tier 4 label Non-Preferred Brand]

- [\$25 copay for a three-month (90-day) supply of drugs in this tier]

[Tier 5 label Specialty]

- [\$38 copay for a one-month (34-day) supply of drugs in this tier]

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- [33% coinsurance for a one-month (34-day) supply of drugs in this tier]

- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]

Mail Order

[Tier 1 label Preferred Generic]

- [\$10 copay for a three-month (90-day) supply of drugs in this tier]

[Tier 2 label Non-Preferred Generic]

- [\$23 copay for a three-month (90-day) supply of drugs in this tier]

[Tier 3 label Preferred Brand]

- [\$76 copay for a three-month (90-day) supply of drugs in this tier]

[Tier 4 label Non-Preferred Brand]

- [\$152 copay for a three-month (90-day) supply of drugs in this tier]

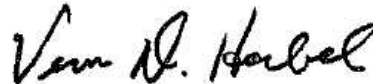
[Tier 5 label Specialty]

- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.



Secretary



President

SERFF Tracking #:	AMLC-128841283	State Tracking #:		Company Tracking #:	ARUACDR/ARUMPDR
State:	Arkansas	Filing Company:	United American Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Retiree Health Plan Rider				
Project Name/Number:	Retiree Health Plan Rider/ARUACDR/ARUMPDR				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	01/28/2013
Comments:			
Attachment(s):			
AR - S1351UA.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	01/28/2013
Bypass Reason:	This filing is for riders.		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	01/28/2013
Bypass Reason:	Per Chapter 79, of Arkansas Insurance Laws, this information is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit package is experience rated and will be fully negotiated with each group sponsor. We intend to develop rates on a group by group basis. The group policy will be issued to each individual.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	01/28/2013
Bypass Reason:	Not required, this is a rider to be used on a Group Product.		
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved	01/28/2013
Bypass Reason:	N/A. This is not a major medical filing.		

UNITED AMERICAN INSURANCE COMPANY


McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
Annual Certificate Deductible Rider, Form ARUACDR	54
Group Drug Rider To Supplement Group Medicare Part D, Rider Form ARUMPDR	68

January 16, 2013
Date


Michael J. Gaisbauer, Vice President

FORM S-1351